

Foster Family Home - Corrective Action Report

Provider ID: 5-110021

Home Name: Teresita Cummings, CNA

4991 - A Manako Place

Kapaa

HI 96746

Review ID: 5-110021 - 7

Reviewer: Sue Lo

Begin Date: 12/5/2017

End Date: 12/13/2017

Foster Family Home

Required Certificate

[17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) Home visit made for a 3 bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 1/05/2018.

Notation entered on 12/13/2017: Home submitted CAP on 12/5/2017, items processed on 12/13/2017, home is in compliance on 12/13/2017. Home will receive a one year recertification for 3 beds.

Foster Family Home


Background Checks

[17-1454-7.1]

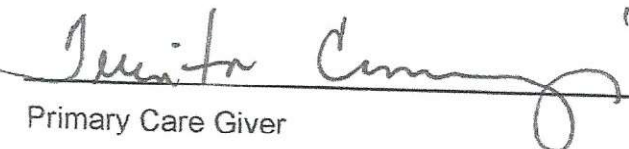
7.1.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

7.1.(a)(2) Adult Protective Services/Child Abuse Neglect (APS/CAN) was due 12/2/17 and no current APS/CAN for CG#2 and CG#3 and APS/CAN was due 12/9/17 and no current for HHM#1


Compliance Manager

12/5/2017
Date


Primary Care Giver

12/5/17
Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: TERESITA CUMMINGS ADULT FOSTER CARE HOME
CCFFH Address: 4991 MANAKO PL KAPAA HI 96746

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
7.1(a)(2)	^{CG} CG #2, CG 9, and household 1 completed CAN, APS	12/5/17	<p>PCG realize that ^{check, for} background check is very important and needs to renew every two years before the due date.</p> <p>I will use iphone to remind myself before expiration date.</p>

Primary Caregiver's Signature: Teresita Cummings

Print Name: TERESITA CUMMINGS

Date of Signature: 12/5/17